HEALTH SAVINGS ACCOUNT

DIRECT DEPOSIT ENROLLMENT FORM

Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my account at the financial institutions (hereinafter "Bank") indicated on both sides of this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name:_____

Employee Signature:_____ Date _____

Account Information

1. Bank Name _____

Routing/Transit # _ _ _ _ _ _ _ _ _ Account Number:_____

Type of Account (please check):

___Checking ____Savings

In ***addition*** to the Board of Education contribution I wish to contribute

$_____ per pay into my **HSA** account.